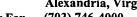
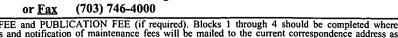
PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE **Commissioner for Patents** P.O. Box 1450 Alexandria, Virginia 22313-1450





INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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7590

04/30/2004

G.E. EHRLICH (1995) LTD. c/o ANTHONY CASTORINA **SUITE 207** 2001 JEFFERSON DAVIS HIGHWAY ARLINGTON, VA 22202



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	ismitted to the USPTO, on the date indicated below.	rans
(Depositor's name)		
(Signature)		
(Date)		

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/900,491	07/09/2001	Avraham Oren	01/22222	4147

TITLE OF INVENTION: KNOWLEDGE TREE MEDICAL ENABLEMENT

APPLN. TYPE	SMALL ENTITY	ISSUE FE	EE	PUBLICATION FEE	TOTAL FEE(S)	DUE DATE DUE
nonprovisional	YES	\$665		\$300	\$965	07/30/2004
EXA	MINER	ART UNI	т	CLASS-SUBCLASS		
SMITH, C	AROLYN L	1631		702-023000		
R 1.363). Change of correspond Address form PTO/SB/1 "Fee Address" indicate	ee address or indication of "F ence address (or Change of 0 22) attached. ion (or "Fee Address" Indica or more recent) attached. Us	Correspondence	names of up agents OR, firm (having agent) and t	ng on the patent front paper to 3 registered pater alternatively, (2) the nate as a member a register the names of up to 2 reagents. If no name is 1 and.	nt attorneys or 16 me of a single red attorney or gistered patent	F. E. Ehrlich (19
PLEASE NOTE: Unless been previously submitte (A) NAME OF ASSIGN		low, no assignee da submitted under sep	ata will appear of arate cover. Co) RESIDENCE:	•••	COUNTRY)	appropriate when an assignment ng an assignment.
/ *	e assignee category or catego	ories (will not be pri			corporation or other	private group entity 🚨 governm
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The following fee(s) are			A check in t	he amount of the fee(s) is	enclosed.	
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The following fee(s) are				credit card. Form PTO-2	038 is attached.	
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suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S.

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TED STATES PATENT AND TRADEMARK OFFICE

In re Applicant:

OREN Avraham et al

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Serial No.:

09/900,491

Filed:

9 July 2001

Group Art Unit: 1631

Docket: 01/22222

For:

KNOWLEDGE TREE MEDICAL

Attorney

ENABLEMENT

Examiner: Carolyn L. Smith

Commissioner for Patents

PO Box 1450

Alexandria, VA 22313-1450

TRANSMITTAL OF ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In response to the Notice of Allowance dated 30 April 2004 we enclose the following:

Issue fee transmittal form requesting that the issue fee of (\$ 665) and publication fee of (\$ 300) be charged to our deposit account 50-1407.

Any additional charge or credit may be made to our deposit account **50-1407**. A duplicate copy of this letter is enclosed for this purpose.

Respectfully submitted,

Registration No. 25,457

Ramat Gan, Israel Date: 26 July 2004